



APPLICATION FOR FRANCHISE, EXCISE TAX REGISTRATION

If you are currently filing Franchise, Excise Tax returns and all the information is correct, please **DO NOT** return this application.

NOTE: Complete Sections 1 and 2 only if the information is different from the mailing information below

1. BUSINESS NAME AND MAILING ADDRESS

LEGAL NAME _____

STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

2. BUSINESS LOCATION ADDRESS

P.O. BOX, STREET, ROUTE, OR HIGHWAY _____

CITY _____ STATE _____ ZIP CODE _____

3A. BUSINESS PHONE # () _____

3B. BUSINESS FAX # () _____

4. FISCAL YR. END _____ / _____
MO DAY

ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.

5. ENTER YOUR FEDERAL EMPLOYER'S IDENTIFICATION

____-____-____-____-____-____-____-____

☐ APPLIED FOR

6. TYPE OF ENTITY:

- a. ☐ Tennessee domestic corporation e. ☐ LLC j. ☐ LP o. ☐ Not-For-Profit
b. ☐ Foreign corporation f. ☐ PLLC k. ☐ LLP p. ☐ Other _____
c. ☐ S Corporation g. ☐ Single Member LLC/individual l. ☐ RLLP
d. ☐ Insurance Company h. ☐ Single Member LLC/corporation m. ☐ PRLLP
i. ☐ Single Member LLC/Division of parent n. ☐ Trust

7. SECRETARY OF STATE

8. DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.

9. IF A LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR LIMITED LIABILITY COMPANY, DID ONE OR MORE CORPORATIONS SUBJECT TO TENNESSEE TAX, DIRECTLY OR INDIRECTLY, HAVE IN THE AGGREGATE 80% OR MORE OWNERSHIP INTEREST AT ANY TIME AFTER JUNE 30, 1998? YES ☐ NO ☐

10. IDENTIFY PRINCIPAL OFFICERS, PARTNERS OR MEMBERS AND PERCENT OF OWNERSHIP IN THIS BUSINESS (ATTACH ADDITIONAL NAMES AND SOCIAL SECURITY NUMBERS ON SEPARATE SHEET)

(1) NAME	TELEPHONE #	SSN/FEIN (Please circle which format is provided)
ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
		% OF OWNERSHIP
(2) NAME	TELEPHONE #	SSN/FEIN (Please circle which format is provided)
ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
		% OF OWNERSHIP
(3) NAME	TELEPHONE #	SSN/FEIN (Please circle which format is provided)
ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
		% OF OWNERSHIP

ARE YOU STILL IN BUSINESS? IF NO LONGER IN BUSINESS, PLEASE CHECK NO AND RETURN APPLICATION WITH CLOSURE DATE. ☐ YES ☐ NO DATE: _____

11. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY A PRINCIPAL OFFICER, PARTNER, OR MEMBER OF THE CORPORATION LISTED IN ITEM 10.)

SIGN HERE: _____
PRINCIPAL OFFICER, PARTNER OR MEMBER (DO NOT PRINT OR USE STAMP)

TITLE _____ DATE _____

FOR DEPARTMENT USE ONLY

INSTRUCTIONS FOR COMPLETING APPLICATION FOR REGISTRATION

T.C. A. Section 67-4-2004(16) expands the types of businesses subject to Franchise, Excise tax by defining "person" or "taxpayer" to include in addition to corporations; limited liability companies, limited liability partnerships, limited partnerships, and any other organization or entity engaged in business. It excludes sole proprietorships and general partnerships.

Sections 67-4-2003(c) and 67-4-2103(c) require taxpayers subject to the Franchise, Excise tax to register with the Department of Revenue within 60 days of 7/1/99 or within 15 days after becoming subject to the tax, whichever date occurs last.

Proper completion of the application will insure the timely and correct establishment of the Franchise, Excise tax registration for your business. This application should be mailed to the Tennessee Department of Revenue, 500 Deaderick Street, Nashville, TN 37242 or faxed to (615) 253-3580.

ABOUT THE APPLICATION

- ITEM 1 **YOU MUST PROVIDE THE LEGAL NAME AND MAILING ADDRESS .**
- ITEM 2 **IF LOCATION ADDRESS IS DIFFERENT THAN MAILING ADDRESS, PLEASE PROVIDE.**
- ITEM 3 You must include a business phone number where you can be reached during normal business hours. Include a business fax number if applicable.
- ITEM 4 You must provide the business' fiscal year end. This should be the same year end that is used for filing the federal return.
- ITEM 5 **YOU MUST PROVIDE THE BUSINESS' FEDERAL EMPLOYER'S IDENTIFICATION NUMBER.**
- ITEM 6 You must check the appropriate boxes which pertain to the ownership of your business.
- ITEM 7 You must provide the SOS Control No., if the business is registered with the Tennessee Secretary of State.
- ITEM 8 You must provide a detailed description of the business activity, stating the major products and/or services sold.
- ITEM 9 If a limited partnership, limited liability partnership, or limited liability company; did one or more corporations subject to Tennessee tax, directly or indirectly, have in the aggregate 80% or more ownership interest at any time after 6/30/98, please answer Yes or No.
- ITEM 10 You must identify owners, officers, partners, or members and you must enter social security numbers or FEINs, address and telephone number and **PERCENTAGE OF OWNERSHIP** for principal owners, partners, members, or corporate officers.
- ITEM 11 **THIS APPLICATION MUST BE SIGNED BY A PARTNER, LLC MEMBER, OR A CORPORATE OFFICER OF THE BUSINESS.** Do not print or use a signature stamp.

If you need assistance in completing this application, Tennessee residents may call in-state toll free 1-800-342-1003; out-of-state callers may dial (615) 253-0600.